



(Copy for OCRG)

REMARKS: LEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS ON MAY 03, 2006 AT CEBU CITY. HENCEFORTH, THE CHILD SHALL BE KNOWN AS: CRYSTAL ALLIANA TABOADA VILLACORTA

CERTIFIED CORRECT:

CO. JACOBON M. VALERIANO
Archiver

9-18-08 qf

Municipal Form No. 102 (Revised January 1993)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in Items 2, 5a, 6b and 18a.)

Province: CEBU City/Municipality: CRISTO CITY Registration No.: 2003-13122

1. NAME (First, Middle, Last): CRYSTAL ALLIANA TABOADA

2. SEX: X Male 2 Female

3. DATE OF BIRTH (Day, month, year): 27 MAY 2003

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution, City/Municipality, Province): CRISTO CITY MEDICAL CENTER CRISTO CITY CEBU

5a. TYPE OF BIRTH (1 Single, 2 Twin, 3 Triplet, etc.): 1 Single

5b. IF MULTIPLE BIRTH, CHILD WAS (1 First, 2 Second, 3 Other, Specify): 1 First

6. BIRTH ORDER (Five births and total deaths including this delivery): 3rd

7. WEIGHT AT BIRTH (kilograms): 2900

8. MAIDEN NAME (First, Middle, Last): CRISTO AMENDORAS TABOADA

9. CITIZENSHIP: FIL. RELIGION: R.C.

10. OCCUPATION: HOUSEWIFE Age at the time of this birth: 30 years

11. RESIDENCE (House No., Street, Barangay, City/Municipality, Province): 146- TABOADA ST. MAGDALING THE CROSSES CITY CEBU

12. NAME (First, Middle, Last): MAGDALING THE CROSSES VILLACORTA

13. CITIZENSHIP: FIL. RELIGION: R.C.

14. OCCUPATION: HOUSEWIFE Age at the time of this birth: 34 years

15. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, acknowledgment/admission of paternity on the back): NOT MARRIED

16a. ATTENDANT (1 Physician, 2 Nurse, 3 Midwife, 4 Healer (Traditional/Midwife), 5 Others (Specify)): 3 Midwife

17. CERTIFICATION OF BIRTH: I hereby certify that I attended the birth of the child who was born alive at 8:18 AM o'clock on the date stated above.

Signature: [Signature] Address: CRISTO CITY
Name in Print: JULIETA MARIANO Date: MAY 9, 2003
Title or Position: _____

20. INFORMANT (Signature, Name in Print, Title or Position, Date): [Signature] CRISTO CITY MAY 9, 2003

21. PREPARED BY (Signature, Name in Print, Title or Position, Date): [Signature] CRISTO CITY MAY 9, 2003

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR (Signature, Name in Print, Title or Position, Date): [Signature] OSCAR B. MOLA CRISTO CITY MAY 16, 2003

07985-74-400ARM-00629-BI001

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02217-B03K311-9

Documentary

OSM

CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

For births before 3 August 1988/on or after 3 August 1988

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We, GRACE MAZADA and MAGDALINO VILLACORNA parents/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the information contained herein are true and correct to the best of our/my knowledge and belief.

MAGDALINO VILLACORNA
(Signature of Father)

GRACE MAZADA
(Signature of Mother)

Community Tax No. 02703366
Date Issued MAY 6, 2003
Place Issued CEBU CITY

Community Tax No. 2445675
Date Issued _____
Place Issued CEBU CITY

SUBSCRIBED AND SWORN to before me this _____ day of _____, Philippines.

(Signature of Administering Officer)

(Title/Designation)

(Name in Print)

(Address)

Not applicable for births before 27 February 1931

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit.)

I, _____, of legal age, single/married and with residence and postal address at _____, after having been duly sworn to in accordance with law, do hereby depose and say:

- 1. That I am the applicant for the delayed registration of my birth/of the birth of _____
- 2. That I/he/she was born on _____ at _____
- 3. That I/he/she was attended at birth by _____ who resides at _____
- 4. That I/he/she is a citizen of _____
- 5. That my/his/her parents were married on _____ at _____
 not married but was acknowledge by my/his/her father whose name is _____
- 6. That the reason for the delay in registering my/his/her birth was due to _____
- 7. That a copy of my/his/her birth certificate is needed for the purpose of _____
- 8. (For the applicant only) That I am married to _____
 (For the father/mother/guardian) That I am the _____ of the said person.

(Signature of Affiant)

Community Tax No. _____
Date Issued _____
Place Issued _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, Philippines.

(Signature of Administering Officer)

(Title/Designation)

(Name in Print)

(Address)

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BEST POSSIBLE IMAGE



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Documentary
Stamp Tax Paid

CDSM

CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

